

Manual Title	Chapter	Page
Pre-Admission Screening Manual	Appendix E	
Chapter Subject	Page Revision Date	
Approval/Denial Letters	6/20/2003	

APPENDIX E

APPROVAL/DENIAL LETTERS

Manual Title	Chapter	Page
Pre-Admission Screening Manual	Appendix E	i
Chapter Subject	Page Revision Date	
Approval/Denial Letters	6/20/2003	

APPENDIX E

APPROVAL/DENIAL LETTERS

Community-Based Care Services Approval Letter---AIDS Waiver	1
Community-Based Care Services Approval Letter	2
Elderly and Disabled Waiver	2
Community-Based Care Services Approval Letter	3
Consumer Directed Personal Attendant Services Waiver	3
Nursing Home Approval Letter	4
Medicaid-Funded Long Term Care Denied MR/MR Active Treatment Needs	5
Medicaid-Funded Long-Term Care Denied Level of Care Criteria Not Met Referrals to Community Agencies Letter	7

Manual Title	Chapter	Page
Pre-Admission Screening Manual	Appendix E	1
Chapter Subject	Page Revision Date	
Approval/Denial Letters	6/20/2003	

COMMUNITY-BASED CARE SERVICES APPROVAL LETTER---AIDS WAIVER

(SAMPLE)

Mrs. Mary Jones
0000 Avenue
Home Town, Virginia 00000

Dear Mrs. Jones:

The Virginia Department of Medical Assistance Services (Medicaid) requires that any individual seeking admission to a nursing facility or receipt of community-based care services be evaluated to determine whether the individual requires that level of services if the individual is financially Medicaid eligible, or expects to become Medicaid eligible within 180 days after entering a nursing facility or community-based care alternative. Medicaid contracts with _____ Hospital/Health Department to perform the assessment of the individual's needs and assist that individual to locate appropriate services to meet those needs.

In order to be approved for AIDS Waiver community-based care services, an individual must meet the same criteria as someone who is entering a nursing facility or hospital. Once it is determined that the individual meets this criteria, it must be determined whether the individual's needs can be met at home with the assistance of agency directed personal care, consumer directed personal assistance, agency directed respite care, consumer directed respite care, private duty nursing, case management and/or nutritional supplements. If that individual's needs can be met at home with some form of community-based care services, that individual may choose the option of receiving community-based care services in their home instead of nursing facility or hospital placement.

We have determined, using the policy, procedures and forms required by Medicaid that an appropriate plan of care for community-based care services can be developed for you and you have chosen to receive Medicaid-funded _____ services from _____ (provider). The forms we completed with your assistance will be sent to this provider along with our approval for you to begin receiving services. A case manager from the provider agency should contact you soon to develop your specific community-based care plan of care. Please call us at _____ or Medicaid at (804) 786-1465 if you are not contacted soon by the provider.

You may appeal this decision by writing to the Recipient Appeals Unit, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, of your desire to appeal within thirty (30) days of receipt of this decision letter. You have the right to appear in person for this appeal and you have the right to have someone represent you at the appeal, such as a lawyer or other person.

Sincerely,

(Name of a Screening Committee Member)
Pre-Admission Screening Committee

Manual Title	Chapter	Page
Pre-Admission Screening Manual	Appendix E	2
Chapter Subject	Page Revision Date	
Approval/Denial Letters	6/20/2003	

COMMUNITY-BASED CARE SERVICES APPROVAL LETTER

ELDERLY AND DISABLED WAIVER

(SAMPLE)

Mrs. Mary Jones
0000 Avenue
Home Town, Virginia 00000

Dear Mrs. Jones:

The Virginia Department of Medical Assistance Services (Medicaid) requires that any individual seeking admission to a nursing facility, assisted living facility or a home and community-based waiver be evaluated to determine whether the individual requires that level of services, if the individual is financially Medicaid eligible, or expects to become Medicaid eligible within 180 days of the beginning date of services. If the individual is Medicaid eligible at the time of application or expects to become Medicaid eligible within 180 days of the beginning date of services, the screening must be completed. Medicaid contracts with several different agencies to perform pre-admission screening using the level-of-care criteria, assessment tool, and procedures established by Medicaid.

In order to be approved for community-based care services, an individual must meet the same criteria as someone who is entering a nursing facility. Once it is determined that the individual meets this criteria, it must be determined whether the individual's needs can be met at home with the assistance of personal care, respite care, adult day health care or personal emergency response system (PERS). If that individual's needs can be met at home with some form of community-based care services, that individual may choose the option of receiving community-based care services in their home instead of nursing facility placement.

We have determined, using the policy, procedures and forms required by Medicaid that an appropriate plan of care for community-based care services can be developed for you and you have chosen to receive Medicaid-funded _____ services from _____ (provider). The forms we completed with your assistance will be sent to this provider along with our approval for you to begin receiving services. A registered nurse from the provider agency should contact you soon to develop your specific community-based care plan of care. Please call us at _____ or Medicaid at (804) 786-1465 if you are not contacted soon by the provider.

You may appeal this decision by writing to the Recipient Appeals Unit, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, of your desire to appeal within thirty (30) days of receipt of this decision letter. You have the right to appear in person for this appeal and you have the right to have someone represent you at the appeal, such as a lawyer or other person.

Sincerely,

(Name of a Screening Committee Member)
Pre-Admission Screening Committee

Manual Title	Chapter	Page
Pre-Admission Screening Manual	Appendix E	3
Chapter Subject	Page Revision Date	
Approval/Denial Letters	6/20/2003	

COMMUNITY-BASED CARE SERVICES APPROVAL LETTER

CONSUMER DIRECTED PERSONAL ATTENDANT SERVICES WAIVER

(SAMPLE)

Mrs. Mary Jones
0000 Avenue
Home Town, Virginia 00000

Dear Mrs. Jones:

The Virginia Department of Medical Assistance Services (Medicaid) requires that any individual seeking admission to a nursing facility or receipt of community-based care services be evaluated to determine whether the individual requires that level of services if the individual is financially Medicaid eligible, or expects to become Medicaid eligible within 180 days after entering a nursing facility or community-based care alternative. Medicaid contracts with _____ Hospital/Health Department to perform the assessment of the individual's needs and assist that individual to locate appropriate services to meet those needs.

In order to be approved for community-based care services, an individual must meet the same criteria as someone who is entering a nursing facility. Once it is determined that the individual meets this criteria, it must be determined whether the individual's needs can be met at home with the assistance of personal attendant services. If that individual's needs can be met at home with some form of community-based care services, that individual may choose the option of receiving community-based care services in their home instead of nursing facility placement.

We have determined, using the policy, procedures and forms required by Medicaid that an appropriate plan of care for community-based care services can be developed for you and you have chosen to receive Medicaid-funded _____ services from _____ (provider). The forms we completed with your assistance will be sent to this provider along with our approval for you to begin receiving services. A registered nurse from the provider agency should contact you soon to develop your specific community-based care plan of care. Please call us at _____ or Medicaid at (804) 786-1465 if you are not contacted soon by the provider.

You may appeal this decision by writing to the Recipient Appeals Unit, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, of your desire to appeal within thirty (30) days of receipt of this decision letter. You have the right to appear in person for this appeal and you have the right to have someone represent you at the appeal, such as a lawyer or other person.

Sincerely,

(Name of a Screening Committee Member)
Pre-Admission Screening Committee

Manual Title	Chapter	Page
Pre-Admission Screening Manual	Appendix E	4
Chapter Subject	Page Revision Date	
Approval/Denial Letters	6/20/2003	

NURSING HOME APPROVAL LETTER

(SAMPLE)

Mrs. Mary Jones
0000 Avenue
Home Town, Virginia 00000

Dear Mrs. Jones:

The Virginia Department of Medical Assistance Services (Medicaid) requires that any individual seeking admission to a nursing facility, assisted living facility or a home and community-based waiver be evaluated to determine whether the individual requires that level of services, if the individual is financially Medicaid eligible, or expects to become Medicaid eligible within 180 days of the beginning date of services. If the individual is Medicaid eligible at the time of application or expects to become Medicaid eligible within 180 days of the beginning date of services, the screening must be completed. Medicaid contracts with several different agencies to perform pre-admission screening using the level-of-care criteria, assessment tool, and procedures established by Medicaid.

Once the screening team determines an individual meets the criteria for nursing facility admission, the screening team considers the appropriate setting for the delivery of care.

The Nursing Facility Pre-Admission Screening Team, in accordance with policy and procedures of Medicaid, has determined that you meet the level-of-care criteria necessary for Medicaid-funded long-term care. The screening team discussed with you the choice of nursing facility care or community-based care services and it was determined that nursing facility care would best meet your needs at the present time. The nursing facility is responsible for assessing your needs upon admission and periodically thereafter in order to demonstrate that you continue to meet the nursing facility criteria.

[IF PERSONAL CARE WAS REQUESTED AND DENIED, INSERT THE REASON FOR THIS DECISION, i.e., authorization of personal care services was denied because you require 24-hour care and you do not have anyone available to assist you when the personal care aide is not available. Personal care would not be a safe and healthy alternative for your care.]

You may appeal this decision by writing to the Recipient Appeals Unit, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, of your desire to appeal within thirty (30) days of receipt of this decision letter. You have the right to appear in person for this appeal and you have the right to have someone represent you at the appeal, such as a lawyer or other person.

Sincerely,

(Name of a Screening Committee Member)
Pre-Admission Screening Committee

Manual Title	Chapter	Page
Pre-Admission Screening Manual	Appendix E	5
Chapter Subject	Page Revision Date	
Approval/Denial Letters	6/20/2003	

MEDICAID-FUNDED LONG TERM CARE DENIED MR/MR ACTIVE TREATMENT NEEDS

(SAMPLE)

Mrs. Mary Jones
0000 Avenue
Home Town, Virginia 00000

Dear Mrs. Jones:

The Virginia Department of Medical Assistance Services (Medicaid) requires that any individual seeking admission to a nursing facility, assisted living facility or a home and community-based waiver be evaluated to determine whether the individual requires that level of services, if the individual is financially Medicaid eligible, or expects to become Medicaid eligible within 180 days of the beginning date of services. If the individual is Medicaid eligible at the time of application or expects to become Medicaid eligible within 180 days of the beginning date of services, the screening must be completed. Medicaid contracts with several different agencies to perform pre-admission screening using the level-of-care criteria, assessment tool, and procedures established by Medicaid.

Any individual, who meets the criteria for nursing facility admission and has a diagnosis, history or presents evidence of mental illness, mental retardation, or a related condition, must be referred to the local Community Services Board (CSB) for an evaluation of the need for active treatment. Any individual determined to be in need of active treatment for a condition of mental illness, mental retardation or a related condition, may not be approved for nursing facility care.

The Nursing Home Pre-Admission Screening team and Community Services Board in accordance with policy and procedures of the Department of Medical Assistance Services and the Department of Mental Health, Mental Retardation and Substance Abuse Services, has determined that you do not currently meet the criteria requirements for Medicaid-funded long-term care.

(INSERT REASON WHY INDIVIDUAL DOES NOT MEET CRITERIA)

but are in need of active treatment for a condition of Mental Illness, Mental Retardation, or a Related Condition. This determination is based on their assessment of your functioning abilities, medical needs, psychological needs and need for active treatment. A member of the Community Services Board will be in touch with you to arrange for services.

You may appeal this decision by writing to the Recipient Appeals Unit, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, of your desire to appeal within thirty (30) days of receipt of this decision letter. You have the right to appear in person for this appeal and you have the right to have someone represent you at the appeal, such as a lawyer or other person.

Sincerely,

Manual Title	Chapter	Page
Pre-Admission Screening Manual	Appendix E	6
Chapter Subject	Page Revision Date	
Approval/Denial Letters	6/20/2003	

(Name of a Screening Committee Member)
Pre-Admission Screening Committee

Manual Title	Chapter	Page
Pre-Admission Screening Manual	Appendix E	7
Chapter Subject	Page Revision Date	
Approval/Denial Letters	6/20/2003	

**MEDICAID-FUNDED LONG-TERM CARE DENIED LEVEL OF CARE CRITERIA
NOT MET REFERRALS TO COMMUNITY AGENCIES LETTER**

(SAMPLE)

Mrs. Mary Jones
0000 Avenue
Home Town, Virginia 00000

Dear Mrs. Jones:

The Virginia Department of Medical Assistance Services (Medicaid) requires that any individual seeking admission to a nursing facility, assisted living facility or a home and community-based waiver be evaluated to determine whether the individual requires that level of services, if the individual is financially Medicaid eligible, or expects to become Medicaid eligible within 180 days of the beginning date of services. If the individual is Medicaid eligible at the time of application or expects to become Medicaid eligible within 180 days of the beginning date of services, the screening must be completed. Medicaid contracts with several different agencies to perform pre-admission screening using the level-of-care criteria, assessment tool, and procedures established by Medicaid.

The Nursing Facility Pre-Admission Screening Team, in accordance with policy and procedures of Medicaid, has determined that you do not currently meet the criteria requirements for Medicaid-funded long-term care:

[INSERT WHY THE RECIPIENT DOES NOT MEET THE CRITERIA]

This determination is based on the screening team's assessment of your functioning abilities, medical needs, and overall risk of needing institutional care.

[If a referral to a community agency is made, reference this is your letter.]

You may appeal this decision by writing to the Recipient Appeals Unit, Department of Medical Assistance Services, Suite 1300, 600 East Broad Street, Richmond, Virginia 23219, of your desire to appeal within thirty (30) days of receipt of this decision letter. You have the right to appear in person for this appeal and you have the right to have someone represent you at the appeal, such as a lawyer or other person.

Sincerely,

(Name of a Screening Committee Member)
Pre-Admission Screening Committee